

# Disability Support Services Confidential Registration Form

Under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), St. Bonaventure is mandated to make reasonable accommodations for otherwise qualified students with disabilities. Accommodations are determined on a case- by-case basis by the Disability Support Service Coordinator.

To receive accommodations/services, verification of a disability is required. All information will be treated confidentially and released only to appropriate personnel on a need -to- know basis. To access accommodations/services, individuals must initiate a request (as outlined below) for specific accommodations/services. The earlier individuals request accommodations, the more effective the university can be in facilitating the appropriate support.

- Accommodations are not retroactive; it is best to request accommodations before a problem arises.
- Requesting accommodations does not guarantee their approval. Final determination will be made by the Disability Support Service Coordinator.

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ EMail: \_\_\_\_\_

**Local Address/Residence Hall:** \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent or Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **PARENT INVOLVEMENT**

I give permission to the Office of Disability Support Services to discuss my academic/non-academic accommodations with my parent(s)/guardian(s)  yes  no

**CURRENT ACADEMIC INFORMATION**

Freshman  Sophomore  Junior  Senior  Graduate  Transfer

Major: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

**DISABILITY**

Learning /Cognitive  ADD/ADHD  Physical  Other: \_\_\_\_\_

Diagnosis/Disability \_\_\_\_\_

Age of Diagnosis \_\_\_\_\_

Who made the diagnosis? \_\_\_\_\_

Explain present limitation(s), if any, and how you cope with the limitation(s) on a daily basis \_\_\_\_\_  
\_\_\_\_\_

**ACCOMMODATIONS/MODIFICATIONS**

Please check the type of disability-related accommodation(s) you anticipate needing:

- Extended Time - 50%
- Extended Time - 100%
- Distraction Reduced Environment (Alternate Location)
- Test Readers
- Use of Scribe for testing
- Use of Computer and spell-check on examinations
- Use of calculator during examinations
- Note-taker
- Interpreter
- Tape-recorder for lectures
- Alternative Print (electronic print or tape)
- Large Print/Braille
- Other \_\_\_\_\_

**\*Noting items on this list does not automatically guarantee their approval. A review of submitted documentation and an interview will be necessary to determine accommodations. Final determinations will be made by the Disability Support Service Coordinator\***